

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027778

FILED VS AUG 8 1960

ENDED

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Caruthersville</u>		Length of stay in 1b <u>30 yrs</u>		c. CITY OR TOWN <u>Caruthersville</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home, 505 E. 14th St</u>				d. STREET ADDRESS (If outside, give location) <u>505 E. 14th St</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Fletcher</u> Middle <u>William</u>				4. DATE OF DEATH Month <u>7</u> Day <u>22</u> Year <u>1960</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-15-90</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm work</u>		11. BIRTHPLACE (City and state or country) <u>Stanton, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Williams</u>		13b. MOTHER'S MARRIED NAME <u>Mellie</u>		14. NAME OF HUSBAND OR WIFE <u>Edna, Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>495-14-0666</u>		17. INFORMANT <u>Edna Williams</u> Address <u>Caruthersville MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>						<u>10 MIN</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Intermittent Heart Disease</u> <u>YEARS</u>	
DUE TO (c) <u>Arteriosclerosis</u> <u>years</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>6</u> a.m. <u>PM</u> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>June 5 1960</u> to <u>July 7 1960</u> and last saw her alive on <u>July 7 1960</u> Death occurred at <u>6 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ray V. Cronan R.O.</u> (Degree or title)				22b. ADDRESS <u>114 W 4th Caruthersville Mo</u>		22c. DATE SIGNED <u>7-23-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-25-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mountain Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Caruthersville, MO.</u>	
24. FUNERAL DIRECTOR <u>L. J. Smith</u>		ADDRESS <u>Hayti, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>7-25-1960</u>		26. REGISTRAR'S SIGNATURE <u>Jack W. Tipton</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack Kelly

Licensed Embalmer No. 378

P. O. Address Camethron

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.